THE MISSING SCOTTISH DIMENSION IN SOCIAL CARE POLICY: A COMMENTARY ON THE GRIFFITHS REPORT ON COMMUNITY CARE AND THE WAGNER REPORT ON RESIDENTIAL CARE

Mike Titterton

The policy fields of community care and residential care for the priority groups of the elderly and the mentally and physically disabled have witnessed a flurry of recent official and independent reports of late.[1] The publication of two reports in particular, the Griffiths report on community care and the Wagner report on residential care, in March 1988 has done much to galvanise the policy debate south of the border.[2] Though the Wagner review was restricted to England and Wales, and the Griffiths review to just England, there are clear implications for the policy debate in Scotland. This article presents the main findings of these reports, along with a brief assessment of the implications of each. In particular, the article focuses upon the failure to articulate and acknowledge the Scottish experience of community and residential care within the national policy debate.

Sadly, the gap between policy intent and policy outcome in the area of community care could, as a number of critical studies have shown,[3] scarcely be wider. Much of the policy debate, moreover, appears to have been focused around a particular construction, or rather set of constructions, of 'community care policy'. Three problematical aspects of this debate may be singled out. Firstly, community care policy often contains highly ideological assumptions about the family, and about the role of women as carers. It has been argued, for example, that community care policy serves to reinforce the caring burden placed upon women.[4] Secondly, there is often a curiously limited understanding of how policy and service variables interact in social care, producing an unduly narrow 'top down' view of policy development. The wide scope for interpretation of policy by professionals in the field is often neglected; a recent Scottish study has shown that the determination of policy outputs in the delivery of social care is often more complicated than has so far been assumed.[5] Thirdly, large assumptions are often made about policy uniformity within the United Kingdom, so that variations in the implementation and interpretation of 'community care' tend to be glossed over. It has been shown, for example that policy outputs in community care can vary substantially between Scotland and England.[6] This 'unholy trinity' of analytical problems has produced unsatisfactory and partial explanations of

policy development.

In this review of the Wagner and Griffiths reports, the third of these problems is considered in terms of the 'missing Scottish dimension' in social care policy. After the background to the reports is presented, the key recommendations of each are discussed in turn, with a brief consideration of how relevant each report is to the Scottish context.

Background to the reports

The Griffiths review was set up by Social Services Minister Norman Fowler following the disquiet over the findings of the Audit Commission for England and Wales.[7] Though principally concerned at first with the effectiveness of funding mechanisms in community care, particularly the operation of joint funding schemes, the Audit Commission team under David Browning and his colleagues assembled evidence which suggested that government policy as a whole was contradictary and unclear. Griffiths was invited at the end of 1986 to undertake a review, with the emphasis very much on a small scale inquiry which could report fairly quickly. Sir Roy, with a small team of eight advisers, set about gathering evidence, including occasional field trips. The review was restricted to just England, with Wales, Northern Ireland and Scotland excluded. The reasons for this were partly pragmatic and partly political. The emphasis was on a speedy and flexible response to growing concerns about the deployment and effectiveness of initiatives with resource implications such as joint financial undertakings, and DHSS ministers were reluctant to commit themselves to a large and possibly unwieldy inter-departmental exercise. Furthermore, the Audit Commission report which had led to the setting up of the review had itself been restricted to England and Wales. However there was evident disappointment in Scotland that the Griffiths review would not extend north of the border and some groups made efforts to send evidence to the review, as will be seen below.

Reactions to the appearance of the report were overshadowed by the dismay at its low key presentation; it appeared on the day after a controversial budget, with no comment from the government. MPs complained that they had trouble getting hold of early copies, and there was an element of farce as copies to bodies such as the Association of Metropolitan Authorities went to the wrong address. Sir Roy Griffiths was to later deny that his report was buried; his entry into hospital prevented his appearance at any press conference.[8] Nonetheless, the government had succeeded in raising suspicions and in producing a good deal of speculation as to the reasons for the low key reception.

The Wagner report is the Independent Review of Residential Care which was commissioned by the Social Services Secretary in December 1985. Like Griffiths, Scotland was excluded from the review. Wagner was

in part intended as a complement to the reviews conducted for the DHSS by the joint central and local government working party, the second of which, under Joan Firth, was published in July 1987, and looked more narrowly at the question of financial support for residential care.[9] The Wagner review was set up at a time, as the report notes, when there was 'widespread agreement' that residential services, especially in the statutory sector, were suffering from combined problems of low status within the social services, low morale among staff, and perceived as a last resort.[10] The report also mentions the impact of the scandals at the Nye Bevan Lodge in Southwark and concern about public homes in Camden and private homes in Kent. In many ways Wagner represents the residential follow-on from the Barclay report on social work practice.[11] Like Barclay, there is an emphasis on pulling together current thinking in the area in order to influence the conventions of social services practice.

Both reports reveal what Olive Stevenson has called 'tiptoeing through the political tulips'; as she noted in her critical response to the Wagner report, the working group is noticeably coy about the widespread concern over the massive growth in private homes for the elderly, and the contradictory role that the use of supplementary benefits has played in social care policy, but openly attacks certain trade union attitudes towards the division of labour in residential care.[12] Griffiths, to pursue the metaphor further, manages to grasp a few fearsome looking nettles, such as the location of political responsibility for the development of community care, as we will see below. It is too early to judge how successful either report has been in this political balancing act; both reports are presently before government interdepartmental committees and ministers have promised to bring forward their own proposals in due course.

The Griffiths Report: 'Community care: an agenda for action'

The remit given to Griffiths was a restricted one, namely, 'to review the way in which public funds are used to support community care policy' and the options for action to improve use of these funds. To his credit, Griffiths interpreted this broadly and made a number of wide ranging suggestions and recommendations which touch the very foundations of community care policy itself.[13] One pair of commentators have declared that the report is the 'most significant statement about community care since the Seebohm report'.[14] The principal aim of the report is the specification of a clear policy framework for the development of community care; but there is a subsidiary aim which strives to effect a profound change in the very attitudes of social service providers. The latter are to assume the new management role as buyers and organisers of care, rather than as direct providers of care as such, coordinators of individually tailored 'packages of care'. According to Griffiths himself, social workers require a new set of skills, so that they may become social 'care managers'.[15]

The key recommendations of the report are:

1. that local authorities are best placed to take the main responsibility; 'the major responsibility for community care rests best where it now lies: with local government';[16]

2. social services departments should be able to assess the community care needs of their locality, identify individual needs, arrange the delivery of packages of care and adopt a more enabling role;

3. a Minister should be placed in charge 'clearly and publicly identified as responsible for community care';[17]

4. a new financial basis for community care is needed, with specific grants (up to 50% of costs) to be made to local authorities;

5. collaboration between social services agencies and health, housing and other related agencies is essential and should continue within a clear policy framework.

Those who were looking for a more radical agenda, one which challenged the prevailing conventions of social care, such as those based on certain ideological perceptions of the relationship between gender and care, were doubtless disappointed. However such a disappointment is based on a misunderstanding of the nature of the report. Griffiths provides two essential missing ingredients: firstly it provides clear and sensible recommendations for a policy framework, which many of those working in the personal social services will endorse; and secondly, it attempts to provide a management lead for the development of community care, in an area notorious for the lack of clear management responsibilities. As such it provides a practical agenda for change, which many 'radical' prospectuses do not.

There are problems with the Griffiths agenda: space constrains us to highlight one central difficulty in particular. This is the problem of the changing roles of social service agencies and social workers. Firstly, the roles allocated to social service departments as 'buyers of care' rather than direct providers will simply not work in many cases, as Sir Roy has admitted elsewhere.[18] Different localities have different service and resource mixes. Secondly, the role of social workers as 'care managers' has still to be firmed up; this clearly overlaps with the issue of training, which many would regard as the basic stumbling block to any meaningful reform. The failure of the government to respond to CCETSW's plea for three years' training for social workers was a bitter disappointment to the profession. Sir Roy Griffiths is clearly more concerned, however, to have such topics firmly on the agenda, for discussion between central government and local

authorities, rather than a centrally imposed blueprint for management. Nonetheless, as the briefing paper on Griffiths produced by the Kings Fund Institute noted, something approaching a 'cultural revolution' will be required among those responsible for providing services, if the agenda for reform is to work.[19]

A number of commentators suggested that the emphasis on local authorities was unwelcome and that funding basis would be equally unwelcome to ministers; still others pointed to more fundamental issues of policy mechanisms and style of policy development within the government.[20] On the whole the report was welcomed by such local authority bodies as the Association of Metropolitan Authorities, Association of County Councils and the Association of Directors of Social Services (who have recently set up a Griffiths Implementation Group), from voluntary groups such as National Council of Voluntary Organisations and employee groups like the British Association of Social Workers and the National Association of Local Government Officers. Many added their own qualifications however. The emphasis on local authorities has provided a fillip to many in the local authority sector, but two issues in particular were singled out; concern about resources, and the emphasis on the role of the private sector in contributing to the 'welfare mix'.[21] Concern over privatisation was strongly expressed by union bodies such as NALGO.

Some pressure groups, such as MIND, have been less enthusiastic about the general shape of the recommendations; stiff criticism has come from Chris Higginbotham of MIND, who argued that Griffiths missed the opportunity to pull together health and social services.[22] Perhaps the most serious criticism, however, has come from the health services themselves; for example, Peter Millard, Professor of Geriatric Medicine at St George's Hospital London, has argued that Griffiths' plans would have a 'disastrous' effect on the long term care of the elderly, since it was the failure of social service agencies, with GPs, to provide care which led to the transfer of services in 1948.[23] This criticism is somewhat misplaced, since Griffiths is certainly not arguing that health inputs should be replaced by social services, merely that local authorities are best placed to coordinate the package of care which is to be provided to individuals in need of help. Nonetheless, it does show that resistance can be expected from those in the health services who feel that their input should remain firmly under the control of health authorities.

Griffiths: how relevant to Scotland?

While initial reactions to Griffiths north of the border were tinged with disappointment that Scotland was not included in the review, the consensus of opinion among those in the social services has been generally favourable. The Care in the Community Scottish Working Group, representing some

22 agencies, while criticising the fact that Scotland was excluded, has described it as a 'valuable aid' for those campaigning for community care.[24] The Group had also sent a submission to Griffiths, outlining a number of points of concern regarding the state of community care in Scotland, such as the adverse effects of the poll tax.[25] Similarly, the Convention of Scottish Local Authorities (COSLA) sent a report which, while welcoming the review, argued forcefully that progress towards care in the community in Scotland has been slow, and expressed concern about the lack of proper resources.[26] The Association of Directors of Social Work, like its English counterpart, has generally condoned the contents of the report; new president Fred Edwards has praised Griffiths for providing a pragmatic managerial framework, paving 'the logical way forward.'[27] Dennis Gower, Scottish Secretary of the British Association of Social Workers, has declared that Griffiths has 'enormous and far reaching consequences' for social workers, and that further study is called for.[28] For the voluntaries, spokespersons such as Lord McCluskey for Scottish Association for Mental Health, also hailed the appearance of the report, suggesting that it presented an opportunity to look at 'why so many Scots are locked up in large Victorian institutions'.[29] Griffiths is also being considered by policy advisers in the Social Work Services Group and the Scottish Home and Health Department but Scottish Office ministers are not expected to comment on the relevance of the report before the new Department of Health in Whitehall has signalled its intentions on action over its proposals.

While Scotland shares many problems with England and Wales in 'making a reality of community care', evidence is accumulating that the Scottish experience is highly distinctive, and that community care is less developed than in England and Wales, particularly for priority groups such as the mentally disabled.[30] Joint planning and joint working mechanisms appear to be less well developed, hindering progress in the field. Other barriers to the development of community based care have been cited, such as the less than forceful policy lead by the Scottish Office, the balance of care to be found in Scotland, the dominance of the hospital oriented approach in areas such as care for the mentally handicapped, and as the quote from Lord McCluskey suggests, the cultural legacies of high levels of institutional provision. However there are recent signs that things are picking up north of the border. The appearance of the updated priorities document, known as SHARPEN, has at least emphasised a renewed policy commitment by the centre to move away from the dominance of hospital care in the balance of care, towards greater community based provision.[31]

The last few years have seen a notable growth, on the ground, of interesting initiatives in such vital fields of service development as supported accommodation, often led by Scotland's large voluntary sector. Critics of the slow pace of community care development must also recognise that health boards have been understandably reluctant to embark

on ambitious schemes of transfer of vulnerable groups into the community, where few facilities may be available and follow-up is poor and funding mechanisms are ill-defined. The unfortunate experience of closure of long-stay mental illness wards south of the border have not been lost in Scotland.

While Griffiths is a welcome addition to the policy debate on care in the community, a 'supplementary agenda for action' may well be required in Scotland.[32] For example, in Scotland it is the health side which has been traditionally seen as the leader in developments, partly as a result of the dominance of the hospital sector in the balance of care. Social work departments will have to be prepared to assume a more forceful role in joint planning. Griffiths is unlikely to work north of the border without a conscious recognition of the political, administrative and cultural barriers which stand in the way and without a significant increase in investment in the infrastructure of community-based forms of care.

The Wagner Report: 'Residential Care: A Positive Choice'

The terms of reference given to the Independent Review of Residential Care were to 'review the role of residential care and the range of services given in the statutory, voluntary and private residential establishments' and to consider 'what changes, if any, are required to enable the residential care sector to respond effectively to changing social needs'.[33] This was clearly a broad remit, in contrast to the one given to Griffiths; the working group which was set up was also granted a longer time for the compilation of its findings, allowing them to consider a large body of evidence and submissions, and to produce some wide ranging proposals for change. The central aim of the working group was an ambitious one: the group was seeking to 'promote a fundamental change in the public perception of the residential sector and of its place in the spectrum of care'.[34] In a bold move, the working group, evidently influenced by the submissions it received, attempted to redefine 'residential care' itself and rejected traditional understandings of the notion. The group embraced the 'challenging concept' that the traditional model of residential care should be discarded in favour of the dual concepts of 'accommodation' and 'support services'.[35] The novelty of this approach is that it allows the group to do two things: firstly, to locate 'residential care' firmly within the spectrum of community care – 'residence must be seen as an element in a range of community care services'[36]; and secondly, to place an emphasis on a 'package of care' which should be delivered to the individual. Both these emphases allow for a convenient tie-in with Griffiths.

On this basis, the working group decided to elucidate general principles of care, as well as put forward recommendations. Its two key principles are: firstly, people who move into a residential establishment should do so by a positive choice; no one should have to change their

permanent accommodation in order to receive services which could be made available to them in their own homes. Secondly, living in a residential establishment should be a 'positive experience', with rights as citizens protected. Together these principles bolster the stress on the recipient of care as consumer; again this fits in well with Griffiths.

The key recommendations of Wagner are:

1. local authorities 'should take the lead in the strategic planning of accommodation and support services'[37];

2. a statutory duty should be placed on local authorities to propose a 'reasonable package of services, enabling a person to remain in their own home if that is their choice and it is reasonable for them to do so'[38];

3. nominated social workers should act as agents of users;

4. an across-the-board independent system of registration and inspection should be developed, with national guidelines;

5. community care allowances should be introduced for those with special needs, to help them choose services they want;

6. the grading of care staff as manual workers should cease, and all senior posts should be filled by staff with social work qualifications.

The overlap with Griffiths – the emphasis on the role of local authorities, on 'packages of care', on consumer choice – is not accidental. Though Griffiths was set up well after the Wagner working group, there was a conscious effort by the group to liaise with Sir Roy, as Lady Wagner has pointed out.[39] Indeed, she has gone on record as saying that Griffiths provides a 'main plank' for the successful implementation of the recommendations of her working group.[40] This overlap has not been lost on the professional bodies, some of whom have demanded the immediate implementation of both reports.

On the whole, Wagner has been widely welcomed by the professional bodies and others involved in residential care. Though there have been a few dissenting voices, the majority have felt that Wagner has pulled together and distilled the latest and best elements in recent thinking on residential care.[41] Most have welcomed the emphasis on the user of care, and on the principles of 'positive choice'. The trade union bodies welcomed the proposals concerning the upgrading of staff, although concern was expressed by representatives of private home owners about the cost of this. While the working group was relatively successful in collecting evidence from elderly persons and their carers, with some evidence gleaned from the

child care sector, very little was heard from the mentally handicapped and the mentally ill, a failure which the group openly acknowledged. Again the issue of resources was frequently mentioned by those commenting on the report; like Griffiths, many have emphasised that investment will be needed if the recommendations are to be implemented. Lady Wagner has responded to such criticisms by arguing that the report was intended to 'select the right menu rather than to up the bill'.(42)

Wagner: how relevant to Scotland?

Most of Wagner's main proposals are of direct relevance to Scotland. Very few would take issue with its central recommendations on the need for a 'positive choice' and on consumer rights. Many would accept the statement from the Scottish branch of BASW that Wagner embodies 'commonsense and progressive measures' which have often been called for in recent years.(43) The proposals of the report are viewed as being rather less contentious than those contained in Griffiths, though its fate is often seen as being intertwined with that of the Griffiths report.

There are, however, a number of distinctive features of residential care in Scotland which may well call for a 'Scottish emphasis' in the implementation. There are contrasting trends to be found in the Scottish care scene at present; while there is a reluctance by some health boards to move away from traditional models of residential based care, other agencies such as Fife Social Work Department have shown a good deal of impatience with the conventional models, particularly with respect to children and mentally handicapped adults. Scotland differs significantly from England and Wales in its balance of provision across the caring sectors; it has relatively higher levels of community based provision for the elderly and relatively lower levels of residential provision, and lower levels of provision overall for the physically and mentally disabled.(44) The 'welfare mix' within residential care is also rather different. The Scottish voluntary sector has a much higher profile than its counterparts in England and Wales; in the case of the elderly, nearly 30% is voluntary, with agencies such as the Church of Scotland heavily involved in provision. Private sector provision, while it has grown in recent years, is still much less prevalent than in the south. However the Scottish experience would seem to suggest that the components of 'consumer choice' are quite distinctive in UK terms. Before Wagner could be properly implemented in Scotland, further investigation of the specific characteristics of residential care in Scotland and of the unique combination of problems which beset the development of community-based forms of care north of the border is essential.

The missing Scottish dimension

There are clear implications for the policy debate in Scotland arising from both the Griffiths and Wagner Reports, but there are a number of

fundamental problems which would make the implementation of both reports in a coherent policy package difficult. It was noted above that Scotland lags behind England and Wales in community care and joint planning and joint working, though there are encouraging signs of initiatives of late. There is evidently a serious gap in Scottish community care policy, with few official policy documents in existence and with few signs in past years of a coherent and forceful policy lead by the Scottish Office. Thus COSLA has complained of 'minimal leadership' in the promotion of community care. This has meant that 'the important policy debate leading to the progressive introduction of more radical models of community care has not happened'.(45)

The relative absence of this debate in Scotland has also meant that, sadly, Scotland has tended to contribute little to the formation of UK national policy in the important fields of community and residential care. This stands in sharp contrast to the experience in Wales, where the Welsh Office has done much to lead the way in respect of mental handicap policy.(46) Of the 200 odd submissions considered by the Wagner review group, only 6 were from Scottish bodies; the working group itself consisted entirely of members from England and Wales. Griffiths accepted some Scottish submissions, such as from COSLA, but the Scottish experience itself was not directly considered. At a conference on joint planning and community care, organised by the Care in the Community Scottish Working Group in January 1987, Lord Glenarthur, then Minister of Health and Social Work at the Scottish Office, hinted that representations would be made to the Griffiths review, but there is little evidence of this in the report itself. Yet if Scotland has some rather gloomy lessons to report, it also has much of positive value to contribute to the national policy debate, and its social service and health agencies can provide numerous interesting examples of the 'good practice' which the ADSS and the Audit Commission would like to see advertised more widely. This is, moreover, a far cry from the Scottish social policy of the 1960s, when the Scottish Office forged ahead in areas such as juvenile justice and the organisation of social work with imagination and flair. It would be less than fair to expect Scotland's hard-pressed policy advisers to emulate this vision in a time of profound resource uncertainty. Nevertheless, it is reasonable to hope that the appearance of the Griffiths and Wagner reports, along with the recent publication of SHARPEN, might begin to stimulate a long overdue debate in Scotland.

Mike Titterton, Lecturer, Department of Social Dministration and Social Work, University of Glasgow.

References

1. Audit Commission for England and Wales, *Making a Reality of*

Community Care, HMSO, London, 1986; *Public Support for Residential Care*, Report of a joint central and local government working party chaired by Joan Firth, HMSO, London, 1987; National Audit Office, *Community Care Developments*, London, 1987; House of Commons Committee of Public Accounts *Community Care Developments*, Session 1987-88, HC 300, HMSO, London, 1988; Scottish Health Service Planning Council, *Scottish Health Authorities Review of Priorities for the Eighties and Nineties*, HMSO, Edinburgh, 1988.

2. *Community Care: Agenda for Action*, A Report to the Secretary of State for Social Services by Sir Roy Griffiths, HMSO, London, 1988 and National Institute for Social Work, *Residential Care: A Positive Choice*, Report of the Independent Review of Residential Care chaired by Lady Wagner, HMSO, London, 1988.

3. See, inter alia, House of Commons Social Services Committee, *Community care with special reference to adult mentally ill and mentally handicapped people*, Second Report, Session 1984-85, HC 13, HMSO, London, 1985; N Drucker (ed), *Creating community mental health services*, Scottish Association for Mental Health, Edinburgh, 1987; J Gulstad, *The Right to be ordinary: a study of obstacles and achievements in community care in Scotland*, Glasgow Special Housing Group, Glasgow, 1987; N Malin (ed), *reassessing Community Care*, Croom Helm, London, 1987.

4. See G Pascall, *Social Policy: a feminist analysis*, Tavistock, London, 1986.

5. D J Hunter, N P McKeganey and I A MacPherson, *Care of the Elderly: Policy and Practice*, Aberdeen University Press, Aberdeen, 1988.

6. D J Hunter and G Wistow, *Community Care in Britain: Variations on a Theme*, King Edward's Hospital Fund, London, 1987; M Titterton, *Policy Outcomes in the Mental Health Services in Scotland and England*, unpublished paper, 1987.

7. Audit Commission for England and Wales, *op. cit.*

8. Sir Roy Griffiths, interview in *Community Care*, 19 May 1988, p. 7.

9. DHSS, *Public Support for Residential Care*, *op. cit.*

10. Wagner report, p 1.

11. National Institute of Social Work, *Social Workers: their roles and tasks*, Report of inquiry chaired by Peter Barclay, Bedford Square Press, London, 1982.

12. O Stevenson, 'Will it've been worthwhile for the old people?', *Community Care*, 21 April 1988, pp.28-9.

13. Griffiths report, para. 2, p. ii.

14. D Hunter and K Judge, *Griffiths and Community Care: meeting the challenge*, Briefing Paper No. 5, King's Fund Institute, 1988, p.4.

15. Sir Roy Griffiths, interview in *Community Care*, *op. cit.*

16. Griffiths report, para. 5.2, p.11.

17. *Ibid.*, para 22, p. vi.

18. Sir Roy Griffiths, interview in *Community Care*, *op. cit.*

19. Hunter and Judge, *op. cit.*, p.19.

20. M Titterton 'Disability and community care: is the debate being suppressed?' in *Disability Today*, Vol. 2, No. 2, 1988, p. 10.; M Henwood and G Wistow, 'Making a reality of care in the community – really!', *Social Services Insight*, 1 April 1988, pp. 6-7; T Harris, 'All quiet on the government front', *Social Services Insight*, 22 april 1988, pp. 14-15; see also M Titterton, *Life after Griffiths? A Scottish Perspective on Community Care*, Unpublished Paper, April 1988.

21. See, for example, A Walker, 'Paradoxes and possibilities', *Community Care*, 28 April 1988, pp. 32-3.

22. Cited in an article on the conference on 'Partnership in Care', *Community Care*, 2 June 1988, p.3.

23. See the article 'Griffiths plans for old rejected', *Community Care*, 5 May 1988, p.4.

24. Care in the Community Scottish Working Group, *Overview of Community Care Policy: Griffiths Report*, Briefing Note, Scottish Council for Single Homeless, Edinburgh, March 1988.

25. Care in the Community Scottish Working Group, *All but the Rhetoric!*, Submission with appendix to Griffiths Review, Scottish Council for Single Homeless, Edinburgh, November 1987.

26. Convention of Scottish Local Authorities, *Care in the Community in*

Scotland, Submission to Griffiths Review, Edinburgh, September, 1987.

27. Cited in S Nelson, 'Uncertainty in Scotland over report', *Community Care*, 24 March 1988, p.2.

28. British Association of Social Workers (Scottish Committee), *Rostrum*, supplement on the Griffiths Report, Edinburgh, February, 1988.

29. Cited in S Nelson, *op. cit.*

30. See, inter alia, F M Martin, *Between the Acts: community mental helath services 1959-1983*, Nuffield Provincial Hospitals Trust, London, 1984; D Hunter and G Wistow, 'The Scottish difference: policy and practice in community care' in D McCrone and A Brown (eds) *Scottish Government Yearbook 1988*, USGS, Edinburgh and *Community Care in Britain*, *op. cit.*; Drucker, *op. cit.*; Gulstad, *op. cit.*; Titterton, *Life after Griffiths? A Scottish perspective on community care*, *op. cit.*

31. Scottish Health Service Planning Council, *op. cit.*

32. See Titterton, *Life after Griffiths? A Scottish perspective on community care*, *op. cit.*

33. Wagner report, p.1.

34. *Ibid.*, p.3.

35. *Ibid.*, passim, pp.17-8.

36. *Ibid.*, para. 13, p.11.

37. *Ibid.*, para. 1, p.115.

38. *Ibid.*, para. 2, p.115.

39. Lady Wagner, 'A positive choice', article in *Community Care*, 10 March 1988, pp.22-3.

40. Address by Lady Wagner to joint NISW/Community Care conference, cited in *Community Care*, 21 April 1988, pp.2-3.

41. See the special articles on Wagner in *Community Care*, 14 April 1988 and 21 April 1988; also *Social Work Today*, 10 March 1988.

42. Lady Wagner, interview in *Community Care*, 14 April 1988, p.16.

43. British Association of Social Workers (Scottish Committee), *Rostrum* supplement on the Wagner Report, Edinburgh, June, 1988.

44. See Hunter and Wistow, *Community Care in Britain*, *op. cit.* and Titterton, *Life after Griffiths? A Scottish perspective on community care*, *op. cit.*

45. Convention of Scottish Local Authorities, *op. cit.*, p.9.

46. Welsh Office, *All Wales Strategy for the development of services for mentally handicapped people*, Cardiff, 1983.